

UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA

ELECTRONIC CASE FILING SYSTEM ATTORNEY REGISTRATION FORM

Please Type or Print

This form shall be used to register for accounts on the Court's Case Management/Electronic Case Filing (CM/ECF) system (District Court only). Registered attorneys and other participants will have privileges to electronically submit documents and, through PACER (see page 2, item 5), to view and retrieve electronic docket sheets and documents from cases assigned to the CM/ECF system. The following information is required for registration:

Full Name (as it appears on court documents): _____

Last Four Digits of Social Security Number: _____

Attorney Bar Number and State: _____

Firm Name: _____

Firm Mailing Address: _____

Voice Phone Number: _____

FAX Phone Number: _____

Internet E-Mail Address: _____

Additional E-Mail Addresses: _____

Does your e-mail software support HTML messages? Yes: _____ No: _____

Date and Place of CM/ECF training: _____

District(s) in which you have been filing electronically for 6 months or more:

By submitting this registration form, the undersigned agrees to abide by the following rules:

1. Each attorney seeking to file pleadings or other papers electronically must complete and sign an Attorney Registration Form. To pay expenses and fees electronically, complete the Credit/Debit Card Authorization Form. An attorney's password issued by the Court, combined with the user's identification (login), serves as and constitutes the attorney's signature. Therefore, an attorney must protect and secure the password issued by the Court. If there is any reason to suspect the password has been compromised in any way, such as resignation or reassignment of the person to whom the attorney has given authority to use the password, it is the duty and responsibility of the attorney to immediately change his/her password and notify the Court.
2. Pursuant to Federal Rule of Civil Procedure 11, every pleading, written motion, and other paper shall be signed by at least one attorney of record in the attorney's individual name, or, if the party is not represented by an attorney, shall be signed by the party. The electronic filing of a pleading, motion, or other paper by an attorney who is a registered participation in CM/ECF shall constitute the signature of that attorney under Federal Rule of Civil Procedure 11.

3. By signing this form, you authorize the U. S. District Court to make charge upon the credit card you have provided for any applicable fees required in conjunction with filings you make with the understanding it is your responsibility to provide the U. S. District Court for the Southern District of West Virginia with any changes to your credit card information and failure to do so may result in temporary loss of your login to CM/ECF.
4. Registration as a *Filing User* constitutes: (1) consent to receive notice electronically and waiver of the right to receive notice by first class mail pursuant to Federal Rule of Civil Procedure 5(b)(2)(D); (2) consent to electronic service and waiver of the right to service by personal service or first class mail pursuant to Federal Rule of Civil Procedure 5(b)(2)(D), except with regard to service of a summons and complaint. Waiver of service and notice by first class mail applies to notice of the entry of an order or judgment. Notice by electronic means is complete as set forth in the Standing Orders and Administrative Procedures for Electronic Case Filing of this Court.
5. A filing user accesses court information via the Court's Internet site or through the Public Access to Court Electronic Records (PACER) Service Center. Although the Court manages the procedures for electronic filing, all electronic public access to case file documents occurs through PACER. A PACER login is required in addition to the login and password issued by the Court. To register for a PACER account, complete the online form or submit a registration form, available on the PACER web site (<http://pacer.psc.uscourts.gov>).
6. By this registration, the undersigned agrees to abide by all of the rules and regulations in the most recent General Order, Administrative Procedures for Electronic Case Filing currently in effect, and any changes or additions that may be made to such Administrative Procedures in the future.
7. To be issued a login and password, you must (1) complete in-house training at the U. S. District Court for the Southern District of West Virginia in Charleston or any other U. S. District Court in the nation, **OR** (2) complete an on-line tutorial in another U. S. District Court, **OR** (3) have at least six months experience using CM/ECF.

Out-of-state attorneys who are not members of the West Virginia State Bar: You must comply with the Administrative Procedures for this Court and the Local Rules for Attorney Admission to obtain a login and password. The login and password will be temporary, for use in specified cases, and you must have local counsel associated with each case. Additionally, please provide the following information:

Have you completed CM/ECF training in any U. S. District Court? Yes: _____ No: _____

If yes:

Court/District: _____

Date of training: _____

Who is your local counsel? _____

For participation in which case are you seeking a CM/ECF login and password? _____

Please return completed form to: **United States District Court**
Southern District of West Virginia
Attn: District CM/ECF Registration/Rebecca A. Proctor
300 Virginia Street East, Room 2400
Charleston, WV 25301

Date

Attorney Signature

We will e-mail your login and password to you at the e-mail address listed on page 1 of this form.

FORM B (Not necessary unless incurring costs in filing.)

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA

CREDIT CARD BLANKET AUTHORIZATION FORM
(FOR ATTORNEY USE - PRINT OR TYPE ONLY)

I hereby authorize the United States District Court for the Southern District of West Virginia to charge the credit card(s) identified below for payment of fees, costs and expenses which are incurred by me or the authorized users which I have listed below. ***I understand that I do not need this form if I do not intend to incur such costs.*** This form must be signed by the person whose signature appears on the back of the credit card.

Individual or Firm Name (print): _____

Address on card: Street or POB _____

City, State, Zip: _____

Telephone Number: _____ Facsimile Number: _____

Credit Card Holder Name: _____

Names of persons within your firm who are authorized to use the credit card(s)/account number(s) which you have provided:

American Express Account No.: _____ Exp. Date: _____

Visa Account No.: _____ Exp. Date: _____

MasterCard Account No. _____ Exp. Date: _____

Discover Account No.: _____ Exp. Date: _____

Name of person who you wish to receive receipts for payment: _____

In the event the charge against this account is denied, we will notify you immediately to make payment in cash, money order or certified check. Any abuse of this privilege may result in your removal from the credit card program.

AUTHORIZED SIGNATURE

DATE

*This form will remain on file in a secure location with this office and will remain in effect until specifically revoked in writing by the person with authority to cause such revocation and/or the expiration date of the card has passed. It is the responsibility of the law firm named above to complete a new **credit card blanket authorization** when a credit card has been renewed, revoked, canceled or stolen and when a person or persons are added or deleted from this authorization. **Completion of this form is not necessary for purposes of filing in CM/ECF unless and until the filing attorney intends to incur fees, costs, or expenses.***

Please return completed form to:

United States District Court,
Southern District of West Virginia
Attn: CM/ECF Registration/Rebecca A. Proctor
300 Virginia Street East, Room 2400
Charleston, WV 25301